

PTO/SB/21 (08-03)

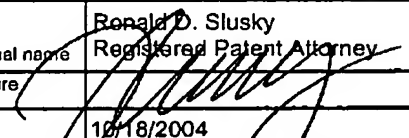
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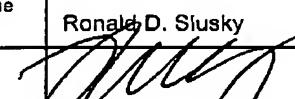
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|-------------------------------------------------------------------------------------|----------------------|------------------------|--------------------------------------------------------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 10/783,499             | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><b>OCT 18 2004</b> |
|                                                                                     | Filing Date          | 02/20/2004             |                                                                    |
|                                                                                     | First Named Inventor | Zipfel                 |                                                                    |
|                                                                                     | Art Unit             | 2817                   |                                                                    |
|                                                                                     | Examiner Name        | SHINGLETON, Michael B. |                                                                    |
| Total Number of Pages in This Submission                                            | 20                   | Attorney Docket Number | Zipfel 1                                                           |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks<br>The Commissioner is authorized to charge any fee required to Deposit Account of Ronald D. Slusky, Attorney at Law, Account No. 502,186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                                                                                     |
|-------------------------|-------------------------------------------------------------------------------------|
| Firm or Individual name | Ronald D. Slusky<br>Registered Patent Attorney                                      |
| Signature               |  |
| Date                    | 10/18/2004                                                                          |

## CERTIFICATE OF TRANSMISSION/MAILING

|                                                                                                                                                                                                                                                                                                               |                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                                                                                     |
| Typed or printed name                                                                                                                                                                                                                                                                                         | Ronald D. Slusky                                                                    |
| Signature                                                                                                                                                                                                                                                                                                     |  |
| Date                                                                                                                                                                                                                                                                                                          | 10/18/2004                                                                          |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:**

George G. Zipfel, Jr. et al

Serial No.: 10/783,499

Filed: 02/20/2004

Title: SWITCHING AMPLIFIER FOR DRIVING REACTIVE LOADS

COMMISSIONER FOR PATENTS  
WASHINGTON D.C. 20231

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Attorney Docket No: Zipfel 1  
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:Art Unit: 2817  
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:Examiner: SHINGLETON, Michael B.  
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SIR:

**RESPONSE TO OFFICE ACTION**

This is in response to the Office action dated 09/22/2004.